ANNEXURE-I

PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:

NAME:

S/O, W/O, D/O:

AGE:

SEX:

ADDRESS:

CONTACT NUMBER:

MEDICAL HISTORY OF MOTHER:

OBSTETRIC HISTORY OF MOTHER:

GENERAL PHYSICAL EXAMINATION:

HEIGHT: **WEIGHT (AT 1ST ANTENATAL VISIT):**

BMI (AT 1ST ANTENATAL VISIT):

INVESTIGATIONS: Echocardiogram, Electrocardiogram, Chest X-ray and BMI

BLOOD INVESTIGATION: GTT

GENETIC FINDINGS: Molecular NKX2-5 Gene studies in Congenital Heart Diseases by Conventional PCR.

ANNEXURE-II
Rama Medical College Hospital & Research Centre
Mandhana, Kanpur
PATIENT CONSENT FORM

I …… S/O, W/O, D/O ……exercising my free power of choice, hereby give my consent to be included in the study "**A Study to estimate the Prevalence, Risk factors and NKX2-5 Gene correlation of Congenital Heart Diseases in Kanpur and Periphery."** I hereby give my consent for information related to me to be reported in the research study.
I understand that my name and identity will be concealed.

(To be explaining in detail in native language)

सहमति फार्म

मैं .... /पुत्री /पत्नी/……..... स्वयं इस अध्ययन में भाग लेना रहीं हूं I मैं स्वयं मुझेसे संबंधी सूचना इस अध्ययन कार्य में प्रकाशित करने की सहमति देती हूं I मैं समझती हूं कि मेरा पहचान गोपनीय रखी जाएगी।

सहभागी

नाम:.....

हस्ताख्रर/अगुठे का निशान:.....

दिनाक:.....

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